FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:11

DOCUMENT # P93000066586 (7)

1. Corporation Name
CORPORATE PARK REALTY CORP.

Principal Place of Business	Mailing Address
346 OFFICE PLAZA MAGNOLIA OFFICE CENTER TALLAHASSEE FL 32301 US	346 OFFICE PLAZA MAGNOLIA OFFICE CENTER TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 % Ed Breger 595 Madison Ave	26 % Ed Breger 595 Madison Ave
Suite, Apt. #, etc. 22 Rm 1010	Suite, Apt. #, etc. 27 Rm 1010
City & State 23 New York, NY	City & State 28 New York, NY
Zip / Country 24 10022 / 25 US	Zip / Country 29 0022 / 30 US

4. FEI Number: 13-3746990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.
354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4435 Old Winter Garden Road

84 City Orlando | 85 FL | Zip Code 32811

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BREGER, EDWARD E	1.2 NAME	
STREET ADDRESS	595 MADISON AVENUE, SUITE 1010	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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